



COLLECTION OF FUNDS

PLEASE BE SURE TO COMPLETE ALL SECTIONS, INCOMPLETE FORMS WILL NOT BE PROCESSED. PLEASE CONTACT THE BUSINESS OFFICE WITH ANY QUESTIONS.

DATE: _____

***Available on MySchoolBucks.com?** _____

CLUB/ACTIVITY ACCOUNT:

Activity Name: _____

Account #: _____ School: _____

*Date(s) of Collection: _____

NOTE: Collection **MUST** occur during the **CURRENT** school year. Forms submitted for dates in future school years will not be considered.

*Please describe what you are collecting funds for (i.e. banquet, payments, dues, field trip, etc.):

*What vendor will you be using (please include vendor name and address)? _____

*Please explain the expected cost (i.e. \$10 per student for field trip, \$30 per student for banquet):

*Would you like to make this available on MySchoolBucks.com? _____

SIGNATURES:

Advisor Signature: _____ Date: _____

Building Principal/

Department Head Signature: _____ Date: _____

*****FOR BUSINESS DEPARTMENT ONLY*****

Verified By: _____ Date: _____

School Business Official Signature: _____ Date: _____

APPROVED

Assigned C.O.F. ID #: _____

DENIED